

**YORK COUNTY PUBLIC LIBRARY
APPLICATION FOR LIBRARY CARD**

To register for a library card, please complete this form and provide CURRENT IDENTIFICATION and proof of CURRENT ADDRESS, such as driver's license, state photo ID, printed checkbook, or auto registration. The voluntary disclosure of the Social Security number of the person responsible for the library card is requested for the purpose of indexing on the automated system and as a last-resort, cost-recovery measure against those who abuse borrowing privileges. It will not be used for any other purposes.

Last Name (Print Clearly): _____

First Name (Print Clearly): _____ Middle Initial: _____

Mailing Address (please include apartment #, if applicable):

Street or P. O. Box: _____

City: _____ State: _____ Zip: _____

Check one: **York County Resident** **Non-Resident** **Temporary (in area 6 months or less)**

Home Phone Number: () - **Social Security Number:** _____

Work Phone number: () - **E-Mail Address:** _____

Permanent (Street) Address (if different from above):

Street: _____

City: _____ State: _____ Zip: _____ Phone: () - _____

FOR AGES UNDER 17 YEARS: I agree to be responsible for return of material borrowed with this card, for all fines incurred and for payment for loss or damage to material charged upon it. I accept responsibility for the selection of materials made by this person including access to the Internet.

Print Name of Parent or Guardian: _____ Signature of Parent or Guardian: _____

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